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ABSTRACT

THIS BOOKLET IS CONCERNED WITH PROVIDING INFORMATION ON DRUG ABUSE. A BRIEF HISTORY OF DRUG TRAFFIC AND TODAY'S PROBLEM BEGIN THE PAMPHLET. THE SECOND PART DISCUSSES THE IDENTIFICATION OF DRUGS INCLUDING OPIUM, HEROIN, AND MARIHUANA. THE NEXT SECTION IS CONCERNED WITH NON-NARCOTIC DRUG ABUSE, INCLUDING LYSERGIC ACID DIETHYLAMIDE (LSD) MASCALINE, AMPHETAMINES, AND BARBITUATES. RELATED AREAS OF YOUTH ABUSE ARE ALSO PRESENTED, INCLUDING GLUE SNIFFING AND USE OF CODEINE COUGH SYRUPS. THE NEXT SECTION IS A PRODUCT REFERENCE CHART. INFORMATION ON THE CHART INCLUDES MEDICAL USE, POTENTIAL FOR PHYSICAL AND PSYCHOLOGICAL DEPENDENCE, POSSIBLE EFFECTS WHEN ABUSED, AND HOW TAKEN WHEN ABUSED. RECOGNIZING A NARCOTIC ADDICT IS COVERED AND A LIST OF 17 SYMPTOMS GIVEN. PROBLEMS OF IDENTIFICATION ARE ALSO COVERED. COMMON TERMINOLOGY USED IN DRUG TRAFFIC IS LISTED IN A GLOSSARY. A LIST OF AUDIO-VISUAL AND READING MATERIALS CONCLUDE THIS REPORT. (KJ)

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DRUG ABUSE

A GUIDE

FOR PARENTS AND TEACHERS

From The Office Of
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CG004925

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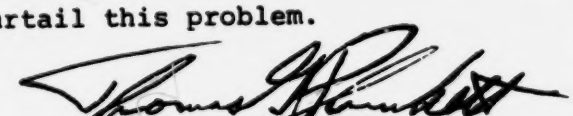
INTRODUCTION

In our continuing efforts to combat the problem of drug abuse among our young adults we have met and are meeting with many civic groups. The questions most often asked at these meetings are: What do we look for? How can we learn? How do the drugs react? How can we talk to our children about drugs?

The following information has been compiled for you with these questions in mind. You will find descriptions of symptoms pertaining to a variety of drugs, a suggested bibliography that will make you more conversant with the problem, a glossary of terms and a product identification sheet explaining the identification and effects of the more common drugs. We offer this to you in the hopes that it will be of assistance and we assure you that we will continue to make every effort to curtail this problem.



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THE HISTORY OF DRUG TRAFFIC AND TODAY'S PROBLEM

Drug abuse is not a new phenomenon, the history of drugs is one of mis-use and abuse. The sudden spread to all portions of society is new however, and in order to combat the problem we must understand it.

Where did it all begin. how has it affected the course of history. and. where will it lead. To know the answers to these questions is to have a better understanding of the nature of the problem.

Writings on clay tablets of the Sumerians tell of collecting the juice of a flower early in the morning. These people of lower Mesopotamia, now the Arab Kingdom of Iraq, cultivated a plant 5,000 years B.C. to extract its juice. They named it "gil" meaning joy or rejoicing, the plant was the opium poppy. As early as 1550 B.C. the use of the poppy as a remedy for human ailments was known in Persia and Egypt, and its use continued to spread.

In the 10th century Arab traders took the drug to China and it was soon learned that it enabled people to exist on very little food during times of famine, a problem not unknown to the Chinese. It was used medically as a specific for diarrhea and many overdose deaths resulted. Soon the drug became a social disease in China. By the beginning of the twentieth century mass addiction to the smoking of opium had prostrated China and opium smoking had spread to other countries, including the United States.

Many drug problems already existed in this country at that time. Addiction to morphine, an opium derivative was common due to its uncontrolled use in military medicine during the American Civil War of 1861-65. For this reason it was known as the "army disease." In 1898 diacetylmorphine (heroin) was introduced as a cure for morphine addiction and was used freely until 1908 when it was realized that it produced an addiction even graver than morphine. In 1878 we had been introduced to cocaine, from the land of the Incas, and at about the same time, the hypodermic needle was invented.

The smoking of opium ceased to be a problem in this country after 1909 when its importation for other than medical purposes was prohibited. Our problems with morphine and heroin however continued to grow and grow.

In the late 1920's, Mexican laborers brought still another drug to the southern United States and soon it was estimated that thousands of pounds of marihuana were smuggled into the port of New Orleans. The drug was new only to us however.

Marihuana is deep in history and we find it mentioned in tales of the "Arabian Nights." In the year 1090, in Persia, the religious and military cult of the assassins was founded and their history is one of cruelty and atrocity. They were credited with performing their most revolting deeds under the influence of this drug. Our word "assassin" is derived from the Italian "assassino," which in turn is derived from the Arabic "hashshashin," meaning hash eater. Another drug was added to our already mounting problem.

In 1938, Dr. Albert Hofman and his colleagues at the Swiss Laboratories of Sandoz isolated a compound known as d-lysergic acid diethylamide tartrate (LSD-25). Later, in 1943, Hofman accidentally ingested some of the fine, white powder and discovered the hallucinogenic properties of LSD.

The hallucinogens have had an advantage not afforded the other drugs, some very articulate spokesmen. Author Aldous Huxley was the first. In his "Brave New World" he describes "soma" holidays, a drug induced escape from reality. Later, in "Doors Of Perception," it becomes quite clear that Huxley advocated a n hallucinogenic existence.

Then came the most famous Pied Piper of mind distortion, Dr. Timothy Leary, who founded the Neo-American church and preaches his doctrine of "tune in, turn on and drop out."

LSD has been followed by a number of hallucinogens such as dimethyltryptamine (DMT), diethyltryptamine (DET), mescaline, psilocybin and others, including 4-methyl-2, 5-dimethoxy alpha methyl phenethylamine (DOM), known in the street as "Serenity, tranquility, peace" (STP). Yet another element has been added to our growing problem.

The effect of narcotic traffic in history cannot be denied. When the Chinese Emperor finally tired of the saturation of his people by the British through the East-India Company he issued an edict which required all opium stocks be surrendered and that bonds be posted guaranteeing no further imports of opium.

This resulted in the Opium War of 1840 which saw an overwhelming victory for the English and the signing of the Nanking Treaty in 1842. This treaty, dictated by the English, opened Shanghai, Canton, Foochow, Amoy and Ningpo to free trade, and Hong Kong was ceded to England. All a result of opium traffic.

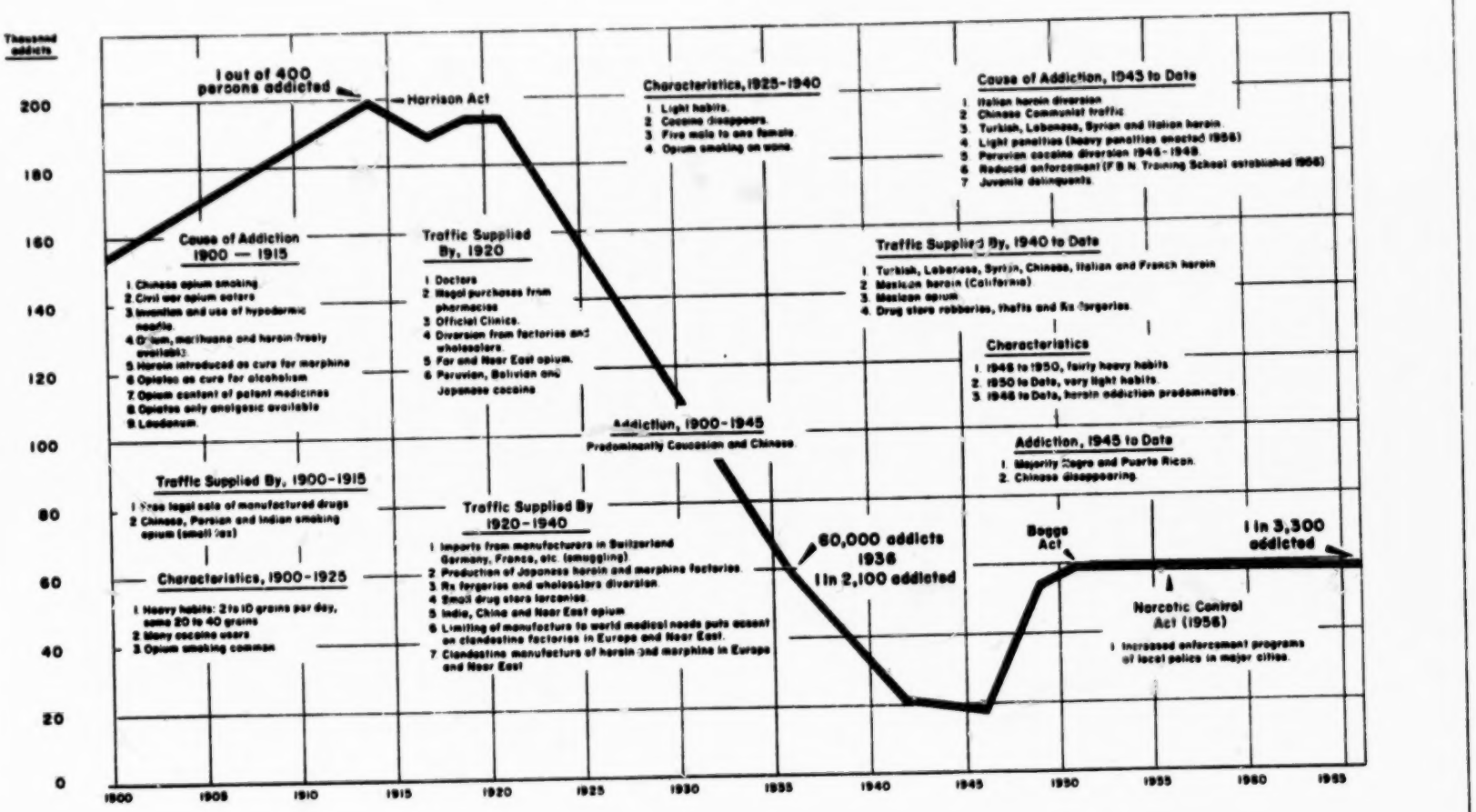
If you refer to the chart "History of Narcotic Addiction in the United States" you see that when the Chinese railroad workers brought their problem here at the turn of the century we already had over 150,000 addicts. This figure rose steadily until 1914 when the Harrison Act was passed and we became serious about the sale of narcotics. From 1923 to 1947 we saw a steady decline in the addict total and then the situation took an abrupt change.

Passage of the Boggs Act in the early 1950's seemed to stem the rising tide and bring about a minimal decline but by the end of 1967 we had again risen above the 60,000 figure.

The character of the traffic made drastic changes during this time. From 1925 to 1940, cocaine disappeared and the addict population was predominantly Chinese and Caucasian. In 1945, through diversion of Peruvian cocaine, "Coke" once again became a problem and is on the increase still today. The majority of addicts had switched then to Negro and Puerto Rican and the Chinese addict had become almost non-existant.

But today's situation is different again. If we take our reported total of 62,057 addicts and add to that approximately 200,000 dependent "pill heads" and 6 million marihuana smokers, we arrive at a staggering total of "drug abusers." The overwhelming majority of these are not Negro and Puerto Rican, they come from affluent, white suberbia. This represents today's problem.

HISTORY OF NARCOTIC ADDICTION IN THE UNITED STATES


Thousand addicts
200
180
160
140
120
100
80
60
40
20
0
1900
1905
1910
1915
1920
1925
1930
1935
1940
1945
1950
1955
1960
1965
1 out of 400 persons addicted
Harrison Act
Cause of Addiction 1900 — 1915
1 Chinese opium smoking.
2 Civil war opium eaters.
3 Invention and use of hypodermic needle.
4 Opium, marihuana and heroin freely available.
5 Heroin introduced as cure for morphine.
6 Opiates as cure for alcoholism.
7 Opium content of patent medicines.
8 Opiates only analgesic available.
9 Laudanum.
Traffic Supplied By, 1900-1915
1 Free legal sale of manufactured drugs.
2 Chinese, Persian and Indian smoking opium (small tax).
Characteristics, 1900-1925
1 Heavy habits: 2 to 10 grains per day, some 20 to 40 grains.
2 Many cocaine users.
3 Opium smoking common.
Traffic Supplied By, 1920
1 Doctors.
2 Illegal purchases from pharmacies.
3 Official Clinics.
4 Diversion from factories and wholesalers.
5 Far and Near East opium.
6 Peruvian, Bolivian and Japanese cocaine.
Traffic Supplied By 1920-1940
1 Imports from manufacturers in Switzerland Germany, France, etc. (smuggling).
2 Production of Japanese heroin and morphine factories.
3 Rx forgeries and wholesalers diversion.
4 Small drug store larcenies.
5 India, China and Near East opium.
6 Limiting of manufacture to world medical needs puts accent on clandestine factories in Europe and Near East.
7 Clandestine manufacture of heroin and morphine in Europe and Near East.
Characteristics, 1925-1940
1 Light habits.
2 Cocaine disappears.
3 Five male to one female.
4 Opium smoking on wane.
Addiction, 1900-1945
Predominantly Caucasian and Chinese
60,000 addicts 1936
1 in 2,100 addicted
Cause of Addiction, 1943 to Date
1 Italian heroin diversion.
2 Chinese Communist traffic.
3 Turkish, Lebanese, Syrian and Italian heroin.
4 Light penalties (heavy penalties enacted 1956).
5 Peruvian cocaine diversion 1945-1949.
6 Reduced enforcement (F B N. Training School established 1955).
7 Juvenile delinquents.
Traffic Supplied By, 1940 to Date
1 Turkish, Lebanese, Syrian, Chinese, Italian and French heroin.
2 Mexican heroin (California).
3 Mexican opium.
4 Drug store robberies, thefts and Rx forgeries.
Characteristics
1 1945 to 1950, fairly heavy habits.
2 1950 to Date, very light habits.
3 1945 to Date, heroin addiction predominates.
Addiction, 1945 to Date
1 Majority Negro and Puerto Rican.
2 Chinese disappearing.
Boggs Act
1 in 3,300 addicted
Narcotic Control Act (1956)
1 Increased enforcement programs of local police in major cities.

IDENTIFICATION OF DRUGS

This section will be confined to the more common drugs, divided as: Opium and its derivatives, Synthetic Opiates, Coca Leaves and Marihuana (Cannabis Sativa).

OPIUM

The dried juice of the opium poppy is dark brown in appearance, similar to thick molasses. It has a sweet odor and once it has been smelled burning it is easily recognized again. The odor makes a smoking party very difficult to conceal.

Opium is smoked only and is both a psychologically and physiologically addicting depressant. Dependence upon opium is now seldom encountered in the United States.

The opium poppy has been known and cultivated in Asia Minor and Europe for over 4,000 years. It is cultivated in Central Europe for seed (pastry), opium and flowers. The best quality and greater quantity is produced chiefly in Turkey and India although it is also produced in Red China and other Asian countries. At the present time its cultivation is prohibited in the United States.

In spite of their dependence producing liability, opium and its component alkaloids have continued to be among the most useful drugs available to the physician. Some of the more common preparations are:

1. Powdered Opium Extract.
2. Ipecac & Opium Powder (Dover's Powder).
3. Tincture of Opium (Laudanum).
4. Camphorated Tincture of Opium (Paregoric).

MORPHINE

Morphine is the principal derivative of opium, isolated in Germany in 1806. The name morphine is derived from Morpheus, the god of dreams of Greek Mythology. It was the chief drug of addiction in this country during and shortly after the Civil War. During this period, morphine was readily available at any drug store, without prescription.

For medicinal purposes, Morphine appears as Morphine Sulphate, Morphine Hydrochloride and Morphine Tartrate, it has no distinguishing odor. Medicinal Morphine can be identified as follows:

1. Morphine Sulphate - White crystalline powder, light porous cubes, small soluble white tablets. Tablets contain from 1/12 to 1/2 grains. 1 to 2 grain sized tablets are available in veterninary medicine. It also is available as a colorless sterile solution.

2. Morphine Hydrochloride - White silky glistening needles, or cubical masses, or white crystalline powder soluble in water or alcohol. Morphine HCL is rarely used in the United States.

3. Morphine Tartrate - Also a white crystalline powder, but commonly used in water solution in the "Morphine Syrette."

Morphine is injected and as an opiate is both a psychologically and physiologically addicting depressant.

HEROIN

Heroin (DIACETYLMORPHINE) is produced from morphine base. It was first produced commercially in Germany in 1898 and heralded as a cure for morphine addiction. In 1908, ten years later, it was finally realized that heroin produces a quicker and graver addiction than morphine. It is the most popular drug of addiction.

Heroin is a white, off-white or light-brown crystalline powder; usually fine in texture, similar to milk sugar. It is odorless. Mexican heroin is light brown, similar in color to Ipecac and Opium Powder or morphine base.

Because of its powerful (euphoric) effect, heroin is almost always adulterated. Common adulterating agents are milk sugar, quinine and lactose. This adulteration permits fantastic profit increases to the traffickers. It should be of interest to note at this point a quote by Mr. Charles O'Hara in his book, "Fundamentals of Criminal Investigation":

> "It is the common belief that the illicit trade in narcotics is centrally controlled by a few powerful criminals who exercise an extraordinary influence over large sections of the country."

This pertains of course to the Mafia who control the importation of heroin to this country. Once the morphine base has been converted to heroin by the Corsicans, in clandestine labs in France, it is delivered to the Mafioso in Milan and from there to the United States. Narcotic traffic represents a major source of income to organized crime and ranks second only to gambling in its income potential. For this reason no arrest or seizure, regardless of how small, should be disregarded. Follow-up could well lead to the exposure and removal of a major narcotic traffic source.

Heroin is sold in 1 ounce or smaller size glasine paper bags by wholesale peddlers - retailers handle in paper "decks", "bindles" and clear or red capsules, usually No. 5 capsules. The heroin is adulterated, or "hit", at each step along the way so that it usually reaches the street at 4%, 2% or even 1% heroin. CAUTION - Never taste heroin or other drugs to identify them.

Heroin is injected or "snorted." It is a powerfully addicting depressant, both psychologically and physiologically.

CODEINE

Discovered in 1832, Codeine is considered the least addictive of the three opium derivatives. It is very important for medical purposes and is prescribed extensively. Only when more powerful opiates are not available will the addict resort to Codeine.

Codeine occurs as odorless, white crystals, as crystalline powder, or in the form of tablets. It is produced from morphine base. Codeine is a depressant and as in the other opiate derivatives it is psychologically and physiologically addicting.

OTHER OPIUM DERIVATIVES

Dilaudid - A popular drug with addicts; frequently acquired by prescription forgeries.

Paregoric - Often resorted to by addicts when other narcotics are not available. Paregoric can be "cooked down" by process and the small amount of opium obtained is often used hypodermically by addicts.

Dionin, Papaverine, Pantopon, Morphine & Atropine, and Apomorphine are other opium derivatives. All are depressants, all are psychologically and physiologically addicting.

TESTING FOR OPIUM DERIVATIVES

A preliminary "field test" may be helpful in the identification of an opiate derivative by use of Marquis reagent, but it is not positive. An opium derivative subjected to Marquis reagent will show a purple or reddish-purple or violet color.

Analysis should always be made by a qualified chemist.

SYNTHETIC OPIATES

Demerol, a total synthetic analgesic, was reported in 1939. It is very popular in the practice of medicine at the present time.

Dolophine, Adanon, Amidone, Methadon (trade names for Methadone), Levo-Dromoran, Dromoran (trade names for Levorphan) are some of the more common synthetic opiates in addition to Demerol (Meperidine).

All of these synthetic preparations occur as white powder, in various size white tablets, and in sterile solution. They are all odorless and have the same addictive habits as the opium derivatives.

COCAINE

Cocaine "coke" is a product of the Coca Leaf. It is grown in Peru and Bolivia and is commonly chewed by the Peruvian Natives.

Cocaine hydrachloride is found in three forms; large crystals, flakes and fine white powder.

Unlike the opiates, Cocaine is a stimulant and is quite expensive. "Coke" is considered a luxury among the addicts and is used only by those who can well afford the habit. Addicts have been known to indulge in what they term a "Speedball," a shot of the depressant heroin followed by an injection of the stimulant cocaine.

Cocaine is not considered physiologically addicting. It can however create a psychological dependence in the user.

MARIHUANA

Marihuana is the Mexican name for the dried cut flowering or fruiting tops of the plant Cannabis Sativa L., commonly called Indian Hemp. In various localities it is known by various names - Bombay tops, Bhang, Ganja, Siddi, Sabsi, (India), Takrouri (Tunisia), Hashish, (Turkey, Syria, Persia and Egypt), Charas, (Central Asia, Chinese Turkestan). Mexican name Marihuana is used in Latin and North America.

Helpful information in description and photos can be found in the pamphlet "Marihuana, Its Identification." However, final analysis should be made by a qualified botanist. The dried pulverized fragments of the leaf and flowering top usually retain their green color, but may also become brown or brown-spotted, depending upon gathering time, and curing methods. Any noticeable odor is often similar to other dried plants or leaves and is not proof of identification.

The plant is an annual, growing each year from seed. The stalk attains a height of 3 to 16 feet and can obtain this growth in as little as 12 weeks.

Marihuana is sold in individual cigarettes - "joints" and in small white packages commonly called "nickel packs" ($5) and "dime packs" ($10). The cigarettes are usually hand rolled by using 2 or 3 cigarette papers, white or brown, with the ends crimped or tucked in to hold pulverized marihuana.

There has been much discussion pertaining to whether or not marihuana use leads to the use of heroin and eventual narcotic dependence. Dissenters argue that marihuana is not an addicting agent and therefore does not lead to the use of hard narcotics. Statistics indicate that nearly all narcotic addicts were marihuana users prior to their addiction. It would seem that one of the most logical explanations appeared in a 1965 Bulletin from the "World Health Organization," which read as follows:

> "Abuse of marihuana facilitates the association with social groups and subcultures involved with more dangerous drugs, such as opiates or barbiturates. Transition to the use of such drugs would be a consequence of this association rather than an inherent effect of cannabis."

Medical authorities now classify marihuana as an hallucinogen. The advocates claim that it is a mild hallucinogen is inaccurate. We see on the streets the diluted form of the drug, taken in sufficient amounts it can at times equal the effects of LSD. Concentrated dosage of the active constituent, tetrahydrocannabinol (T.H.C.) is indeed a potent, mind distorting drug.

To the investigator, the visual effects of marihuana on the user may be similar to alcohol. In addition, the pupils may dilate and tremors may be produced. There may also be a desire for sweets and the need to urinate.

Marihuana does not produce a physiological dependence and therefore is not considered to be addicting. It can, however, produce a psychological dependency and this is considered by most to be the greatest danger of drug dependency.

THE LAW

Illegal sale of any of the drugs included in this section, under Michigan Law, is covered in M.S.A. 18.1122. Penalty upon conviction calls for a term in the state prison of not less than 20 years nor more than life.

Penalties for possession are set forth under M.S.A. 18.1123, they are: 1st offense - not more than ten years and $5,000; 2nd offense - not more than twenty years and $5,000; and 3rd offense - not less than twenty years or more than forty years and $5,000.

NON-NARCOTIC DRUG ABUSE

In this section we will discuss Amphetamines, Barbiturates and LSD and other hallucinogenic drugs. With certain exceptions, these drugs do not produce physical dependence and are not considered to produce addiction; they usually produce a psychological dependence and are hence habit-forming.

AMPHETAMINES

Amphetamines encompass an area of medication. They are at times used in a variety of conditions to elevate the mood or obviate depression. They may also be used to stimulate respiration, elevate blood pressure, combat fatigue or simply to treat obesity.

As in many other useful drugs there are two sides to the amphetamine story. The beneficial side when the drug is taken in controlled doses, under the direction of a physician, and the abusive side when the drug falls into the hands of laymen who do not understand its limitations and dangers.

The amphetamine habituate appears to be rather nervous and excitable. He may also be slow reacting, especially in problem solving and have difficulty with speech and thought. He is usually quickly aroused and angered. According to the American Medical Association:

> "Beguiled by the feeling of alertness, well-being and exhilaration that amphetamine imparts, the pill taker continues using it in increasing doses until it produces insomnia, agitation, aggressive behavior, and personality disorders due to brain damage."

Amphetamines, sometimes called "Bennies," "Copilots," "Footballs," etc., are a psychologically dependent stimulant. They are a common drug of abuse among teenagers and truck drivers. Unlike narcotics, and on occasion barbiturates, over-medication with amphetamines does not lead to physical dependence.

BARBITURATES

As with amphetamines, barbiturates represent a two-sided coin. Commonly prescribed as sleeping pills, they are useful depressants if taken under the direction of a physician, but more deaths are caused by overdoses of barbiturates taken either accidentally or with suicidal intent than by any other poison except carbon monoxide.

More important is the fact that the Addiction Research Center has conducted experiments which prove that barbiturates are not only dangerous intoxicating drugs which are habit-forming, but that they may also be addictive when utilized in large doses. All of the characteristics of narcotic drug addiction, tolerance, dependence and withdrawal, may be evident if high doses of barbiturates are injested. Most interesting is this quote from the Committee on Alcoholism and Drug Dependence of the American Medical Association:

> **"The barbiturate dependent person is directly comparible to the opiate dependent person. Between the 30th and 48th hour of withdrawal, convulsions of epileptic type are likely to occur. Patients have died during uncontrolled, untreated barbiturate withdrawal symptoms."**

The barbiturate habituate may appear to be abnormal. He is frequently dull, forgetful, slow reacting, has a slurred or thick speech and may be belligerent when aroused.

Sometimes called "Red-Birds," "Goof Balls," "Yellow Jackets," "Blue Heavens," etc., barbiturates are psychologically and physiologically addicting depressants.

LSD (Lysergic Acid Diethylamide)

LSD is one of the most controversial of the popular drugs of abuse. It was first isolated by Swiss chemists in 1938 and its hallucinogenic property was accidently discovered in 1943. LSD is refined, through chemical process, from lysergic acid, the product of a root fungus found on rye grain, called "ergot." It can also be synthetically produced.

In its true form it is a fine white powder. LSD will mix with any liquid and becomes colorless, odorless and tasteless. It is de-activated by introducing it to chlorine or florine.

One hundred micrograms is the usual dose of LSD, equal to a speck of dust. It can be taken orally or injected. The drug will take effect in approximately 30 minutes and the influence can last from 12 to 16 hours. Some users, after taking the drug, will smoke marihuana while waiting for the LSD to take effect.

Although advocates of LSD claim the drug appears to have valid use in the treatment of mental disease, most medical authorities disclaim this and point out its dangerous qualities.

Although medical authorities seem satisfied that LSD is not addictive, there is a division of medical opinion as to its therapeutic value. All are agreed however that it is an extremely dangerous drug and should be used by professional researchers only.

Doctor Martin Barr, Dean, College of Pharmacy, Wayne State University states:

> "LSD is being used experimentally in the treatment of mentally-disturbed patients, usually in hospitals, but the drug is not available as a pharmacutical product on a prescription order. The degree of psychic (psychological) dependency which develops with LSD varies greatly, but usually it is not intense. Those who derive satisfaction from the LSD experience may wish to repeat it, but if the drug is not readily available they may forgo its use without mental or physical torment, or they may substitute an alternative psychotropic agent. No physical dependence is thought to develop upon withdrawal of LSD although there are some who dispute this."

The following information is extracted from a reprint from The Journal of The American Medical Association titled "Dependence on LSD and Other Hallucinogenic Drugs;"

> "By 1965, the medical literature contained numerous reports of the adverse, and often catastrophic, untoward effects of the drug, particularly among those with pre-existing severe psychopathological conditions. Twenty-seven patients with severe complications of self-administration of LSD were admitted to New York's Bellevue Hospital in a four month period in 1965. Substantial numbers have since been admitted to that and other hospitals."

Today LSD is recommended only for strictly controlled research, and its legitimate production and distribution are limited to research purposes by the Food and Drug Administration.

> "The American Medical Association stands unalterably opposed to any expansion of the use of psychedelic drugs beyond use by physicians. Even use by trained physicians should continue to be limited to carefully controlled experiments until incontrovertible data are available documenting LSD's efficacy and safety."

Hospital admissions of persons with acute LSD induced psychoses are on the increase. Recent studies indicate that free experimentation may lead to serious problems such as chromosome changes which could affect heredity.

DMT (Dimethyltryptamine)

DMT is a synthetic derivative of tryptamine and is also found in the seeds of South American plants. It is smoked and the reaction usually last ½ hour to an hour.

DET (Diethyltryptamine)

A synthetic derivative. The mechanics of the drug are much the same as DMT, the reaction may last up to three hours.

MESCALINE (3, 4, 5, - Trimethoxyphenylethylamine)

Mescaline is obtained from the peyote cactus and is used by the Native American Indian Church in their religious rites. Although usually taken orally, there have been some cases of injectable usage.

There is a slow onset of the reaction to mescaline, sometimes up to two hours. The duration of the reaction can last as long as twelve hours on a 500mg dose.

PSILOCYBIN (Ortho-Phosphoryl-4-Hydroxy-N-Dimethyltryptamine)

Psilocybin is obtained from a Mexican mushroom that was the sacred mushroom of the Aztec Indians. Its effects are the same as those from LSD and mescaline.

Taken orally, the reaction from a 20mg dose may last four to six hours.

DOM (4 Methyl-2, 5-Dimethoxy Alpha Methyl Phenethylamine)

This drug is commonly known in the street as "serenity, tranquility, peace," STP. There is wide disagreement as to how potent this drug really is. Although it has been found to be more powerful than mescaline and less potent than LSD, users claim the contrary. STP advocates have said, "Taking LSD is like being let out of a cage while taking STP is like being shot out of a cannon." Reactions as long as 72 hours have been reported.

Usually taken orally, reactions up to ten hours in duration have been reported on 3mg doses. A number of hospitals have reported severe, lasting mental complications to STP and the drug appears to have lethal potential.

MORNING GLORY SEEDS (Lysergic Acid Amide)

The derivative contained in morning glory seeds is about 1/10th as potent as LSD.

THE LAW

The drugs defined are covered by M.S.A. 18.1101, known as the "Hypnotic Drug Act," and the penalties are set forth under M.S.A. 18.1106 as amended by Public Acts of 1968–No. 126.

Sale or possession of barbituric acid and any of its derivatives, chloral hydrate, paraldehyde or amphetamine and methamphetamine and there salts and derivatives is punishable by a fine of not more than $500 or imprisonment in the county jail for not more than one year, or both.

Sale or possession of LSD, peyote, mescaline, DMT, silocyn or psilocybin or any salt or derivative of any of the aforementioned substances or any other drug possessing similar hallucinogenic properties is guilty of a felony, punishable by not more than four years in the state prison.

RELATED AREAS OF YOUTH ABUSE

In this section we will attempt to deal with areas of abuse that seem to be concentrated on youthful offenders. We will focus on the problems of codeine cough syrups, glue sniffing and a new abuse problem, that of aerosol glass-chillers.

CODEINE COUGH SYRUPS

These are narcotic exempt preparations which contain one grain of codeine per ounce of liquid. They are normally sold in 4 fluid ounce bottles, and one bottle may be purchased every 48 hours without prescription. The purchaser is required to sign the narcotic exempt register in order to purchase, however, in most cases no identification is required. Examples of these are ROBITUSSIN - AC and TERPIN HYDRATE-ELIXIR.

The prevalance of abuse of codeine cough syrups in the general population is exceedingly low. Only rarely are they subject to chronic abuse. Moreover, the common "spree" type of abuse rarely induces psychological dependence and never physical dependence. These preparations represent only one of the many substances which are subject to experiment by teenagers.

Codeine does not possess the potency nor the euphoric qualities which are necessary for the development of psychological dependence. It has no appeal to hard-core addicts since it lacks the thrill producing capabilities of heroin or morphine. A few "down-and-out" addicts or alcoholics drink "pop" (the addict lingo for cough syrups) if nothing else is available. There is no black market in codeine among addicts.

Wherever excessive purchases and abuse have been reported, there has also been evidence of illegal and unprofessional dispensing of these products at the community pharmacy level and a common laxity of enforcement by local police officers. Pharmacies will help keep this problem at a minimum. Repeat purchasers will appear on these registers and potential problem areas can be exposed at an early stage.

GLUE SNIFFING

Sniffing of glue first creates an intoxication similar to alcohol intoxication, it will then progress through possible double vision, ringing in the ears and even hallucinations. In

many cases the user is unable to recall events which took place during the acute stages of intoxication. In a recent Michigan case a boy murdered two young sisters while under glue influence.

According to national figures, "sniffers" run into the many thousands, with boys under 17 making up the majority of cases. The greatest number are in the 12 to 14 age bracket.

Model cement found in toy modeling kits is the common agent. There are two popular methods of use. One is to squeeze the glue into a rag and place it in front of the nose and mouth, and another is to squeeze the tube contents into a paper or plastic bag which then covers the nose and mouth. Caution is taken on the part of the experienced sniffer not to let the glue make contact with the lips or nose.

> Certain of the organic solvents present in plastic cements are capable of damaging the brain and affecting liver and kidney action. Glue sniffing has led to mental deterioration, acute liver damage and death.

Although there is nothing to indicate the presence of any physiological addiction connected with glue sniffing, there is evidence that the practice tends to produce a psychological dependence. There does appear to be a tolerance factor involved. Among the users of "hard" narcotics, cocaine users are usually "sniffers." This could present a ready-made avenue for the glue sniffer to follow.

REFRIGERANT 12

Reports have indicated that aerosol glass-chillers have been implicated in the death of seven persons in the 16 to 21 year age group in the past year. The fluorocarbon in these products reportedly was collected in a balloon and then the concentrated vapors inhaled. The user apparently expected an intoxication or similar experience. Since fluorocarbons are regarded as relatively non-toxic and safe for use in aerosols, these persons may believe that confining the concentrated vapor in a balloon to inhale, while excluding oxygen, is also harmless.

This is not the case; it may have and has had, fatal consequences (refer to articles from Time and Newsweek magazines at the end of this section). Gross abuse, deliberate inhalation of the highly concentrated vapors which can be collected from some aerosol products, has caused death. Death is usually attributed

to a freezing of the larynx, causing paralysis of the respiratory system and death by asphyxiation. Long lasting ill effects might also be suffered, including brain cell damage due to anoxia.

There does not appear to be any addictive quality to this particular abuse but the immediate danger must be recognized. Advising local merchants of this problem and soliciting their help by having them advise you when youths begin making purchases of these Refrigerant 12 products could help avert a tragedy.

Drugs	Pharmacologic Classification	Controls	Medical Use	Potential for Phys'cal Dependence
Morphine (an opium derivative)	Central Nervous System Depressant	Narcotic (Per Harrison Act, 1914)	To relieve pain	Yes
Heroin (a morphine derivative)	Depressant	Narcotic (Per Harrison Act, 1914)	To relieve pain	Yes
Codeine (an opium derivative)	Depressant	Narcotic Per Harrison Act, 1914)	To relieve pain and coughing	Yes
Paregoric (preparation containing opium)	Depressant	Narcotic (Per Harrison Act, 1914)	For sedation and to counteract diarrhea	Yes
Meperidine (synthetic morphine-like drug)	Depressant	Narcotic (Brought under Harrison Act in 1944)	To relieve pain	Yes
Methadone (synthetic morphine-like drug)	Depressant	Narcotic (A 1953 amendment to the Harrison Act brought drugs like methadone under control)	To relieve pain	Yes
Cocaine	Central Nervous System Stimulant	Narcotic (Per Harrison Act, 1914)	Local anesthetic	No
Marihuana	Hallucinogen	Narcotic (Per Marihuana Tax Act, 1937, plus subsequent restrictive legislation which covered marihuana and narcotics together)	None	No
Barbiturates (e.g., amobarbital, pentobarbital, secobarbital)	Depressant	Controlled drug products (Per Drug Abuse Control Amendments, 1965)	For sedation, sleep-producing, epilepsy, high blood pressure	Yes
Amphetamine drugs (e.g., amphetamine, dextroamphetamine, methamphetamine—also known as desoxyephedrine)	Stimulant	Controlled drug products (Per Drug Abuse Control Amendments, 1965. Methamphetamine added to list of controlled drugs in May, 1966.)	For mild depression, anti-appetite, narcolepsy	No
LSD (also mescaline, peyote, psilocybin, DMT)	Hallucinogen	(Brought under Drug Abuse Control Amendments in September, 1966)	(Medical research only)	No
Glue (also paint thinner, lighter fluid)	Depressant	No Federal controls. Glue sales restricted in some states.	None	Unknown

Potential for Psychological Dependence	Tolerance	Possible Effects When Abused	How Taken When Abused	Comments
Yes	Yes	Drowsiness or stupor, pinpoint pupils	Orally or by injection	Morphine is the standard against which other narcotic analgesics are compared. Legally available on prescription only.
Yes	Yes	Same as morphine	Sniffed or by injection	Not legally available in United States. Used medically in some countries for relief of pain.
Yes	Yes	Drowsiness, pinpoint pupils	Orally (usually as cough syrup)	Preparations containing specified minimal amounts of codeine are classified as "exempt" narcotics and can be obtained without prescription in some states.
Yes	Yes	Same as morphine	Orally or by injection	Paregoric is often boiled to concentrate narcotic content prior to injection. Classified as an exempt narcotic. In some states, may be obtained without prescription.
Yes	Yes	Similar to morphine, except that at higher doses, excitation, tremors and convulsions occur	Orally or by injection	Shorter acting than morphine. Frequent dosing required. Withdrawal symptoms appear quickly. Prescription only.
Yes	Yes	Same as morphine	Orally or by injection	Longer acting than morphine. Withdrawal symptoms develop more slowly, are less intense and more prolonged. Prescription only.
Yes	No	Extreme excitation, tremors, hallucinations	Sniffed or by injection	Although cocaine does not have the narcotic properties of morphine, it has been classified as a narcotic by law because its abuse potential necessitates the same stringent control measures.
Yes	No	Drowsiness or excitability, dilated pupils, talkativeness, laughter, hallucinations	Smoked or orally	From a legal control standpoint, marihuana is treated as a narcotic. It is almost never legally available in the United States.
Yes	Yes	Drowsiness, staggering, slurred speech	Orally or by injection	Prescription only. Original prescription expires after 6 months. Only 5 refills permitted within this period. Dependence generally occurs only with the use of high doses for a protracted period of time.
Yes	Yes	Excitation, dilated pupils, tremors, talkativeness, hallucinations	Orally or by injection	Prescription only. Original prescription expires after 6 months. Only 5 refills permitted within this period.
Yes	Yes	Excitation, hallucinations, rambling speech	Orally or by injection	In 1966, LSD was brought under the control of Drug Abuse Control Amendments of 1965. Control under one of the International Narcotics Conventions is being considered. Not legally available except for medical research.
Yes	Yes	Staggering, drowsiness slurred speech, stupor	Inhaled	Freely available as commercial products, except that some states have laws forbidding the sale of glue to persons under 18.

RECOGNIZING A NARCOTIC ADDICT

DRUG DEPENDENCE DEFINED

Drug dependence is a state of periodic or chronic intoxication, detrimental to the individual and to society. It is caused by the repeated consumption of a narcotic drug (natural or synthetic).

There are three definite characteristics allied with drug addiction:

1. A desire, need or compulsion to continue taking the drug and to obtain it by any means.
2. A tendency to increase the dose.
3. A psychological and physical dependence on the effects of the drug.

CAUSES OF ADDICTION

The cause of development of the drug habit is inherent in the individual. The drug addict is generally an emotionally unstable person before he acquires the habit. He is a person who cannot face, unassisted, painful situations and has littie or no self-control or willpower. He resents suffering, either physical, mental or moral and has not adjusted himself to his emotional reactions.

The most common symptom that requires relief is a feeling of inadequacy and an inability to cope with difficulties. They have no ability to make moral or social adjustments. Drug addicts have low capacities for dealing with frustration, anxiety and stress. These conditions call for an easy and rapid method of relief which is found in the use of drugs. The drugs initially produce a euphoric state or a synthetic sense of security.

RECOGNITION OF THE ADDICT

There may be too much tendency today to conclude that certain chemical tests are the only means of recognizing and proving drug dependence. Actually, in practice, such tests may be impractical or impossible. Recognition and proof of drug dependence may depend on some of numerous indications.

The following list, abstracted from Maurer and Vogel on "Narcotics and Narcotic Addiction," may be a helpful guide:

> "The most significant signs which may (when supplemented by further objective evidence) indicate narcotic addiction are:
>
> 1. A statement by the individual that he is an addict.
>
> 2. The possession of addicting drugs (either medical or contraband) without adequate medical explanation.
>
> 3. A tendency on the part of the suspect to hide or conceal these drugs.
>
> 4. The presence of needle-marks in the form of black or blue spots resembling tattooing; these may indicate skin-shooting, and will usually appear on the arms and legs, or even on the backs of hands. Fresh needle punctures, sometimes topped by minute scabs or crusts, are especially significant.
>
> 5. The presence of elongated scars (frequently of tattooed appearance) over the veins, especially those of the forearms, the insteps or the lower legs; however, these may have a medical explanation unrelated to addiction.
>
> 6. The presence of boil-like abscesses over the veins or near the sites where veins approach the surface.

7. An appearance of drowsiness, sleepiness or lethargy ('on the nod'), especially if accompanied by a tendency to scratch the body as if itching. This sometimes indicates a slight overdose of opiates or their synthetic equivalents.

8. The tendency to develop withdrawal symptoms if isolated completely and observed constantly for a period of 12 to 24 hours.

9. Wide fluctuations in the size of the pupils of the eyes, with the pupil reaching a maximum of constriction immediately after the suspect may have taken an injection.

10. The possession of equipment for smoking opium, unless of course, this equipment has only a curiosity value, or is owned by a collector. If it is freshly or currently used, the odor will be characteristic.

11. The possession of hypodermic equipment, excepting those persons with a legitimate need for such equipment, such as diabetics who must take regular injections of insulin, or medical addicts. However, the legitimate user will invariably possess a standard medical syringe and needle, while the addict usually (but not always) tends to prefer the home-made syringes.

12. A tendency for the individual to sit looking off into space, known to young addicts as "goofing"; this may indicate the use of heroin or barbiturates, or both.

13. The possession of a cooking spoon with handle characteristically bent backward, or a cooker made from a metal bottle cap with a wire handle; small glass vials are also sometimes used. They are all characteristically blackened from being held over a lighted match.

14. A knowledge of the argot of the underworld narcotic addict. While some addicts who secure their drugs exclusively from medical sources never learn any of the argot, these addicts are decidedly in the minority; most addicts will know or respond to terms from the argot of the underworld addict, and especially to terms employed predominately by users of the type of drug which the addict takes.

15. A tendency for the suspect to isolate himself at regular intervals (about four or five hours apart) in order to take hypodermic injections.

16. An obvious discrepacy between the amount of money the suspect earns, and the amount he spends for the necessities of life; if he makes $100 a week and is always broke, with no obvious expenditures for necessities, he may be supporting a drug habit.

17. The tendency for a person who has previously been reliable to resort to thievery, embezzlement, forgery, prostitution, etc. This may indicate that he or she needs the large amounts of money necessary to support a drug habit.

The fact of opiate use may be further demonstrated by such tests as the nalline test, and tests of body fluids, such as urine.

Sometimes the question of the recency or chronology of needle marks on the suspected addict may become important. Doctor Harris Isbell, Director of the Addiction Research Center at the U. S. Public Health Service Hospital, Lexington, Kentucky, gives these comments:

> "About ten years ago, for reasons which I have forgotten, I made some observations on addicts receiving morphine intravenously. As I recall I watched 3 men, all of whom were white. I circled the site of the venipuncture with a skin pencil and examined the site twice daily for a week. The needle marks were still discernible after a week, but of course many changes had occurred.
>
> "During the first half day about all one can see is a tiny hole in the skin without any surrounding area of inflammatory reaction, and which contains a tiny plug of clotted blood or serum which does not protrude above the surface and which is quite easily removed.
>
> "By 24 hours a definite scab (crust) has formed which projects above the surface. On careful inspection, a very tiny ring of inflammatory reaction is seen surrounding the venipuncture. The crust at this time is soft and easily removable by light stroking with a cotton applicator and usually has a definite reddish brown color.
>
> "By the second day, the inflammatory reaction surrounding the puncture (is sterile) has disappeared, the crust has taken on a more brownish appearance, requires moderate pressure to remove, and leaves an oozing base which will recrust.
>
> "In 72 hours the crust is firmer and even harder to remove.
>
> "For about five days, if the crust is removed, one finds an area of light reddish tissue underneath, and ordinarily no new crust will form.
>
> "By the seventh day the crust starts drying up and is easily removed. The red area is still seen under it, and gradually fades over a period of about a month, after which either nothing can be seen, or a very tiny round whitish scar."

As to the scabbing or crusting of injection sites, Doctor James G. Terry states:

> "I learn as much or more, contrasted to visual inspection, by lightly feeling the area in question. The crusting gives a sandpaper like sensation."

There may be occasions when the Inspector might wish to bring this information to the attention of an examining physician.

As experienced officers well know, narcotic addicts have a real genius for recognizing one another. This recognition often seems to come about from a combination of indications and circumstances intangible and ephemeral to the uninitiated. Therefore, one addict may lead to others.

One of the surest ways to determine narcotic use or addiction is for the addict to be questioned by an INFORMED NARCOTIC OFFICER. Very often, when an addict realizes that he is talking with such an officer, he will readily admit addiction. At the same time, he might strenuously deny the fact to someone with no, or incomplete, knowledge of narcotic addiction.

As the effect of the narcotics wears off, the addicts complexion becomes more ashen, their pupils dilate and they appear to be gripped by a personal panic. As the effects diminish more, they begin to perspire, their nose runs, and their eyes water. They get the "sniffles" and yawn, and give the appearance of having a mild cold. Their skin feels like goose flesh which originated the expression, "kicking it cold turkey."

They experience a creeping sensation under their skin and they imagine pins and needles are sticking them all over their body. As the withdrawal continues they become nauseated with severe cramps and diarrhea.

In this state, they are extremely distressed. Where their next shot is coming from is foremost in their mind, from the time their day begins until it ends. They are constantly endeavoring to maintain their supply of narcotics. There is an old saying that goes, "A junky's day is never done, they search for dope from sun to sun."

PROBLEMS OF IDENTIFICATION

(Taken from the Publication, "Drug Abuse: Escape to Nowhere")

I COMMON SYMPTOMS OF DRUG ABUSE

A Unusual flare-ups or outbreaks of temper
B Poor physical appearance
C Furtive behavior regarding drugs and possessions
D Wearing of sunglasses at inappropriate times to hide dilated or constricted pupils
E Long-sleeved shirts worn constantly to hide needle marks
F Association with known drug abusers
G Borrowing of money to purchase drugs
H Stealing
I Finding students in odd places during the day such as closets, storage rooms, etc. to take drugs

II MANIFESTATIONS OF SPECIFIC DRUGS

A The glue sniffer
1 Odor of substance inhaled on breath and clothes
2 Excess nasal secretions, watering of the eyes
3 Poor muscular control, drowsiness or unconsciousness
4 Presence of plastic or paper bags or rags containing dry plastic cement

B The depressant abuser. . .(Barbiturates-"goofballs")
1 Symptoms of alcohol intoxication with one important exception-no odor of alcohol on the breath
2 Staggering or stumbling in classrooms or halls
3 May fall asleep in class
4 Lacks interest in school activities
5 Is drowsy and may appear disoriented

C The stimulant abuser. . .(amphetamines-"bennies")
1 Cause excess activity-student is irritable, argumentative, nervous and has difficulty sitting still in classrooms
2 Pupils are dilated
3 Mouth and nose are dry with bad breath, causing user to lick his lips frequently and rub and scratch his nose
4 Chain smoking
5 Goes long periods without eating or sleeping

D The narcotic abuser. . .(heroin, Demerol, morphine)
(These individuals are not frequently seen in school, and usually begin by drinking paregoric or cough medicines containing codeine-the presence of empty bottles in waste-baskets or on school grounds is a clue).

1 Inhaling heroin in powder form leaves traces of white powder around the nostrils, causing redness and rawness
2 Injecting heroin leaves scars on the inner surface of the arms and elbows (mainlining). This causes the student to wear long-sleeved shirts most of the time
3 Users often leave syringes, bent spoons, cotton and needles in lockers-this is a telltale sign of an addict
4 In the classroom the pupil is lethargic, drowsy. His pupils are constricted and fail to respond to light

E The marihuana abuser
(These individuals are difficult to recognize unless they are under the influence of the drug at the time they are being observed.)
1 In the early stages student may appear animated and hysterical with rapid, loud talking and bursts of laughter
2 In the later stages the student is sleepy or stuporous
3 Depth perception is distorted, making driving dangerous

F The hallucinogen abuser
(It is unlikely that students who use LSD will do so in a school-setting since these drugs are usually used in a group situation under special conditions.)
1 Users sit or recline quietly in a dream or trancelike state
2 Users may become fearful and experience a degree of terror which makes them attempt to escape from the group
3 The drug primarily affects the central nervous system, producing changes in mood and behavior
4 Perceptual changes involve senses of sight, hearing, touch, body-image and time

COMMON TERMINOLOGY USED IN NARCOTIC TRAFFIC

ACAPULCO GOLD: High grade of marihuana (female flowering parts)
ACE: Marihuana cigarettes
ACID: LSD
ARTILLERY: Equipment for taking an injection
BAG: Small packet of narcotics
BAGMAN: Supplier of "Bags" of narcotics
BANGER: Hypodermic needle
BARBS: Barbiturates
BEAT: Swindle someone out of narcotics or money
BENDER: Drug orgy
BENNIES: Amphetamine
BENT: Addicted
BERNICE: Cocaine
BHANG: Marihuana
BIG HARRY: Heroin
BINDLE: Number of decks tied together
BINGO: Injection of a drug
BLACK STUFF: Opium
BLANKS: Capsules of non-narcotic powder used to deceive an addict
BLAST: Smoke marihuana
BLASTED: Under the influence
BLOCK: Bindle of morphine
BLOW POT: Smoke marihuana
BLUE VELVET: Paragoric and an antihistamine
BOMBER: Large marihuana cigarette
BOMBIDO: Injectable amphetamine
BOO: Marihuana
BREAD: Money
BRICK: Kilogram of marihuana
BURN: Swindle someone out of narcotics or money
BURNED OUT: Sclerotic condition of the vein
BUSH: Marihuana
BUSINESS: Hypodermic equipment
BUSTED: Being arrested
BUTTER: Marihuana
BUY: Purchase of narcotics by an undercover agent of informant
"C": Cocaine
CABALLO: Heroin (Spanish for "Horse")
CAN: One ounce of marihuana
CAPS: Capsules of narcotics
CARRIER: Distributor of drugs to an addict
CARRYING: Carrying narcotics on the person
CECIL: Cocaine
CHAMP: Drug abuser who won't reveal his supplier
CHARGED UP: Elated feeling after a shot of narcotics
CHIPPY: Person experimenting with drugs (potential addict)

COASTING: Under the influence of narcotic drugs
COKE: Cocaine
COKIE: Cocaine addict
COKED UP: Under the influence of cocaine
COLD TURKEY: Abrupt withdrawal without medication
CONNECT: To purchase
CONNECTION: Source of supply
COOK-UP: Mix heroin with water and heat for an injection
COP: To obtain narcotics (or a police officer)
CROAKER: Docter
CROAKER JOINT: Hospital
CUBE: Cube of morphine
CUT: Adulterate narcotics
DEAL: Narcotic transaction
DEALER: Supplier of narcotics
DECK: Small packet of heroin
DIME BAG: $10 purchase
DOLLS: Barbiturates
DOO JEE: Heroin
DOPE: Heroin or other narcotics
DROP A DIME: To inform
DROPPED: Arrested
DROPPER: Medicine dropper used by addicts as a makeshift hypodermic
DUIGE: Heroin
DUST: Cocaine
DYNAMITE: Cocaine and morphine mixture
DYNAMITER: Cocaine addict
EIGHTH: Eighth of an ounce
FACTORY: Clandestine conversion of opium to morphine base
FALL: To be arrested
FED: Federal narcotic agent
FINK: Informant
FIX: An injection
FLAG: Poor quality or phony drugs
FLAKE: Cocaine
FLEA POWDER: Poor quality or phony drugs
FLOATING: Under the influence of drugs
FLOWER: Marihuana
FRESH & SWEET: Out of jail
FRONT MONEY: Advance payment
FUZZ: Police officer
GAUGE: Marihuana
GEE HEAD: Paragoric user
GEEZE: Injection of narcotics
GIMMICKS: Equipment for injecting
GIRL: Cocaine
GLOM: To arrest a person
GOLD: Money

GOLD DUST: Cocaine
GOOD THINGS: Narcotic drugs
GOODS: Illicit narcotics
GOW: Heroin
GRASS: Marihuana
GREEN: Means subject is carrying marihuana
GRIFFO: Marihuana
GUM: Opium
GUN: Hypodermic needle
"H": Heroin
HABIT: Addiction to drugs
HALF: Half of an ounce
HALF LOAD: Fifteen decks of heroin
HAND TO HAND: Payment of money
HAPPY DUST: Cocaine
HARD STUFF: Heroin
HARRY: Heroin
HASH: Hashish
HASH: Marihuana
HAY: Marihuana
HEAT: Police
HEELED: Possession of narcotics or a weapon
HEMP: Marihuana
HERB: Marihuana
HIGH: Under the influence of drugs
HIT: To purchase narcotics or a term for murder
HOCUS: Narcotic solution ready for injection
HOG: Addict that requires a maximum dose of drugs
HOOKED: Addicted
HOP: Opium
HOP HEAD: Addict
HOPPED UP: Under the influence
HORNING: Sniffing cocaine
HORSE: Heroin
HOT: Fugitive
HOT SHOT: Fatal dosage
HOT LOAD: Over dose, may result in death
HUNGRY CROAKER: Doctor who sells drugs or prescriptions for narcotics
HYPE: Addict
ICE CREAM HABIT: A small habit
IN THE BAG: Addicted
"J": Marihuana
JAB: Injecting heroin into the veins
JOINTS: Marihuana cigarettes
JOLT: Injecting heroin into the veins
JOY POP: Occasion injection
JOY POWDER: Cocaine
JUGGLE: Junkie selling to another for his own habit
JUNK: Heroin
JUNKIE: Narcotic addict

KICK: (THE HABIT): Stop using narcotics
KILO: One kologram or 2.2 pounds or 35 ounces
KIT: Set of narcotic paraphernalia
LAB: Morphine or heroin conversion factory
LAYOUT: Equipment for injecting
LID: One ounce of marihuana
LID PROPPERS: Amphetamine
LIPTON TEA: Poor quality narcotic
LOAD: Thirty decks of heroin
LOADED: Under the influence of narcotics
LOCO-WEED: Marihuana
LOVE-WEED: Marihuana
"M": Morphine
MACHINERY: Equipment for injecting
MAIN LINER: Addict who injects directly into the vein
MAKE: To recognize a police officer
MAKE A BUY: Purchase drugs
MAN: Source of supply
MAN: May denote police
MANICURED: Clean and prepared marihuana for rolling into cigarettes
MARY: Marihuana
MARY JANE: Marihuana
MARY WARNER: Marihuana
MEET: Appointment between two or more narcotic violators
MERCHANDISE: Illicit narcotics
MICKY FINN: Chloral hydrate
MISS EMMA: Morphine
MOSO: Narcotics
MONKEY: A habit where physical dependence is present
MORF: Morphine
MUGGLES: Marihuana cigarettes
MULE: Transporter of narcotics
MUTAH: Marihuana
NARCO: Narcotic officers
NARK: Narcotic officers or informants
NEEDLE: Hypodermic needle
NICKEL BAG: $5 purchase
NIMBY: Nembutal
NOD: Under the influence of drugs
NUMBER FIVE: Number five capsules
O.D.: Overdose of narcotics
OFF: Withdrawn from drugs
ON A TRIP: Under influence of hallucinogens
ON ICE: To be in jail
ON THE BRICKS: To be out of jail
ON THE NOD: Under influence of narcotics
OUTFIT: Narcotic paraphernalia
PAD: "Hang Out" or residence
PANAMA RED: "Red marihuana" from Panama
PANIC: Scarcity of drugs

PAPER: Container of narcotics
PASS: Transfer of narcotics or money
PEANUTS: Barbiturates
PEDDLER: Narcotic trafficker
PIECE: Gun
PIECE: One ounce
PLANT: Hiding place or cache of narcotics
POISON ACT: The Federal Narcotic Act
POP: To inject
POT: Marihuana
POT HEAD: Marihuana user
PURE: Pure narcotics or a very good grade
PUSH: To sell narcotics
PUSHER: Narcotic trafficker
QUARTER: Quarter ounce
QUILL: Folded match-box cover used for snorting
RAT: Informant
READER: A prescription
REEFER: Marihuana cigarette
ROACH: Butt of a marihuana cigarette
ROPE: Marihuana cigarette
RUMBLE: Police shakedown or search
SAM: Federal agent
SATCH COTTON: Cotton saturated with heroin
SATIVA: Marihuana
SCAT: Heroin
SCHMECK: Heroin
SCORED: Obtained narcotics
SCRATCH: Money
SCRIPT: Narcotic prescription
SHIT: Heroin
SHOOTING GALLERY: Place where addicts use to inject the drugs
SHOOT UP: Take an injection
SHORT: Car
SKAG: Heroin
SKEE: Opium
SKIN POP: Injecting the heroin under the skin
SLAMMED: In jail
SMACK: Heroin
SMOKE: Marihuana
SMOKE CANADA: To smoke marihuana
SNIFFING: Sniffing narcotics, usually cocaine or heroin
SNORTING: Sniffing narcotics, usually cocaine or heroin
SNOW: Cocaine
SPEED: Cocaine or meth-amphetamine

SPEEDBALL: Combination injection of cocaine and heroin
SPIKE: Hypodermic needle
SPOON: Sixteenth of an ounce
STACHE: Cache of narcotics
STEAM BOAT: Roach holder (Toilet roll)
STICK: Marihuana cigarette
STONED: Under the influece of drugs
STOOL: Informant
STRAIGHT: Obtained narcotics
STRAW: Marihuana
STREET PEDDLER: A pusher who sells directly to the addict
STRUNG OUT: Heavily addicted
STUFF: Narcotics
SUGAR: Powdered narcotics
SWINGMAN: A narcotic supplier
TAR: Morphine
TAR: Opium
TAILED: Followed
TASTE: Sample of narcotics
TEA: Marihuana
TEA HEAD: Marihuana user
TEA PARTY: Marihuana party
THING: Heroin
THOROUGHBRED: High type dealer selling pure narcotics
TEXAS TEA: Marihuana
TOKE-UP: To light a marihuana cigarette
TO SPLIT: To leave
TOSS: To search a person or place
TOY: Small container of opium
TRACKS: Marks left on veins from repeated injections of drugs
TRAP: Hiding place for narcotics
TREY: $3.00 bag of heroin
TURKEY: Non-narcotic substance sold as narcotics
TURN-ON: To use narcotics
TWISTED: Addicted
UNCLE: Federal agent
USER: Narcotic addict or marihuana smoker
VIPER'S WEEDS: Marihuana
WAKE UPS: Amphetamine
WASTED: Under the influence
WEED: Marihuana
WEED HEAD: Marihuana user
WEEKEND HABIT: Small habit
WHAT'S HAPPENING?: Do you have any narcotics
WHEELS: Cars or transportation
WHISKERS: Federal agent
WHITE GIRL: Cocaine
WHITE STUFF: Morphine
WORKS: Equipment for injection by hypodermic needle
YEN HOCK: Instrument used in smoking opium
YEN SHEE: Opium ash
YEN SHEE SUEY: Opium wine

AUDIO VISUAL AND READING MATERIALS

FILMS

BENNIES AND GOOFBALLS,(National Medical Audiovisual Center, Chamblee, Georgia 30005)
BEYOND LSD. (Film Associates, 11559 Santa Monica Blvd., Los Angeles, California 90025)
DRUG ADDICTION, (Encyclopaedia Britannica Films, 38 West 32nd Street, New York, New York 10017)
DRUGS AND THE NERVOUS SYSTEM, (Churchill Films, 66 North Robertson Boulevard, Los Angeles, Calif. 90069).
FALSE FRIENDS, (Sound Services, Ltd., 269 Kingston Road, Merton Park, London, S.W. 19, England)
FIGHT OR FLIGHT, (International Association of Police Chiefs, 1319 18th Street N.W., Washington, D.C.)
HIDE AND SEEK, (Center for Mass Communication of Columbia University Press, 440 West 110th Street, New York, N.Y. 10025)
HOOKED, (Churchill Films, 662 North Robertson Blvd., Los Angeles, California 90059).
LSD-25, (Professional Arts, Inc., P.O. Box 8484, Universal City, California 91608)
LSD, (Audiovisual Branch, United States Navy, Pentagon, Washington, D.C.)
LSD: INSIGHT OR INSANITY, (Bailey Films, 6509 DeLongpre Avenue, Hollywood, California 90028)
MARIJUANA, (Bert Kiddington, Deseret Book Co., P.O. Box 659, Salt Lake City, Utah 84110)
MIND BENDERS, (National Medical Audiovisual Center, Chamblee, Georgia 30005)
NARCOTICS: A CHALLENGE, (The Narcotic Educational Foundation of America, 5055 Sunset Blvd., Los Angeles, California 90027)
NARCOTICS: THE INSIDE STORY, (Charles Cahill and Associates Inc., Box 3220, Hollywood, California 90028)
NARCOTICS: PIT OF DESPAIR, (Film Distributors International, 2223 S. Olive, Los Angeles, California 90007)
NARCOTICS: WHY NOT, (Charles Cahill and Associates, Inc., P.O. Box 3220, Hollywood, California 90028)
SEDUCTION OF THE INNOCENT, (Sid Davis Productions, 2429 Ocean Blvd., Santa Monica, California 90405)
THE ADDICTED, (Association Films, Inc., 600 Grand Avenue, Ridgefield, New Jersey 07657)
THE LOSERS, (Carousel Films, Inc., 1501 Broadway, New York, New York 10036)

THE SEEKERS, (State of New York Narcotic Addiction Control Commission, Albany, New York 12203)
THE RIDDLE, (Public Affairs, Office of Economic Opportunity, 1200 19th Street, N.W., Washington D.C. 20506)
WAY OUT, (Valley Forge Films, Inc., Chester Springs, Penna. 19425)

READING MATERIALS

DANGEROUS DRUGS, (William Robertson, Denver, Division of Adult Parole, 1968)
DISTRICT ATTORNEY'S YOUNG CITIZENS COUNCIL SPEAKERS MANUAL, (Crime Prevention and Control Foundation, Los Angeles, Calif., 1968)
DRUG ABUSE, (California's Health, Special issue, February 1968. Available from State Dept. of Public Health, Bureau of Health Education, 2151 Berkeley Way, Berkeley, California 94704)
DRUG ABUSE: GAME WITHOUT WINNERS, (Armed Forces Information Service, Dept. of Defense, 1968. Available through Superintendent of Documents, Washington D.C.)
DRUG ABUSE, A MANUAL FOR LAW ENFORCEMENT OFFICERS, (3rd edition; Smith, Kline & French Laboratories, Philadelphia, 1968)
DRUG ABUSE: THE EMPTY LIFE, (Smith, Kline & French Laboratories, Inc., Philadelphia, 19)
DRUG ABUSE, A SOURCE BOOK AND GUIDE FOR TEACHERS, (California State Department of Education, Sacramento, 1967)
DRUG ABUSE: ESCAPE TO NOWHERE, (A guide for educators, Philadelphia, Smith, Kline & French Laboratories, 1967. 104 pages. Available from the National Education Association, Publication-Sales Dept., 1201 16th Street, N.W., Washington, D.C. 20036)
DRUG ABUSE EDUCATION, A GUIDE FOR THE PROFESSIONS, (American Pharmaceutical Association, Washington, 1968)

THE CRUTCH THAT CRIPPLES: DRUG DEPENDENCE, (Available from the Department of Mental Health, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610. Single copy: 25 cents. 25 pages)

TASK FORCE REPORT: NARCOTICS AND DRUG ABUSE, (The President's Commission on Law Enforcement and Administration of Justice, Task Force on Narcotics and Drug Abuse. Available from Superintendent of Documents, Washington, D.C. 20402. $1.00. 158 pages)

WHERE DO WE STAND ON DRUG ABUSE?(California Medical Association, August 1967. Four mimeo sheets. Available free from the Association, 693 Sutter Street, San Francisco, California 94102)

WORLD HEALTH: THE MAGAZINE OF THE WORLD HEALTH ORGANIZATION, (Special issue on drugs, July 1967. Available in many libraries or from Columbia University Press, International Documents Service, 136 South Broadway, Irvington-on-Hudson, New York 10533. Single copy: 50 cents.

DRUG TOPICS RED BOOK, (Published yearly and available at drug store prescription departments)

PHYSICIANS DESK REFERENCE, (Published yearly by Medical Economics Inc., Oradell, New Jersey)

NARCOTICS LINGO AND LORE, (J.E. Schmidt)

TRANQUILIZING DRUGS, (H.E. Himwich)

NARCOTICS AND THE LAW, (The American Bar Foundation, 1962)

THE TRAFFIC IN NARCOTICS, (H. J. Anslinger and Wm. F. Tompkins)

MULTILINGUAL LIST OF NARCOTIC DRUGS UNDER INTERNATIONAL CONTROL, (The United Nations, 1958)

NARCOTICS AND NARCOTIC ADDICTION, 2ND EDITION, (David Maurer and Victor Vogel)

THE MURDERERS, (H. J. Anslinger and Will Oursler)

THE FEDERAL INVESTIGATORS, (Mirian Ottenberg)

BROTHERHOOD OF EVIL, (Sondern)

THE TRAIL OF THE POPPY, (Siragusa)

NARCOTIC ADDICTION, CRIME OR DISEASE, (Dr. David P. Ausubel)

DRUG ABUSE INFORMATION: TEACHER RESOURCE MATERIAL, (Haskell L. Bowen, Compiler, 1968. 282 pages. Available from the Santa Clara County Office of Education, 70 West Hedding Street, San Jose, California 95110)

DRUG FACTS, (Haskell L. Bowen, Compiler, 1967. 24 pages. Available from the Santa Clara County Office of Education, 70 West Hedding Street, San Jose, California 95110. Single copy, 22 cents)

DRUG USE AND SOCIETY, PART I, WINTER 1968, AND PART II, SPRING 1968, (California School Health, special issues. Available from the California School Health Association, 693 Sutter Street, San Francisco, California 94102. $1.50 each)

FACT SHEETS, (Available from Food and Drug Administration, Distribution and Mailing Unit, 200 C Street, S.W., Washington, D.C. Single copies free)

LSD: THE FALSE ILLUSION, (FDA Papers, Part I, July-August 1967, Part II, September 1967. Available in reprint form from Superintendent of Documents, Government Printing Office, Washington, D.C. 20024 Part I: 15 cents; Part II: 10 cents)

MARIJUANA: SOCIAL BENEFIT OR SOCIAL DETRIMENT? (California Medicine, May 1967, pp. 346-352. Available free from the Narcotic Educational Foundation of America, 5055 Sunset Boulevard, Los Angeles, California 90027)

MARIJUANA USE BY YOUNG PEOPLE, (By Charles Winick. From "Drug Addiction in Youth," Ernest Harms, ed., Pergamon Press, New York 1965. 18 pages. Available in reprint form from American Social Health Association, 1740 Broadway, New York, New York 10019)

NO SECRET: A COMPILATION OF INFORMATION ON NARCOTICS AND DANGEROUS DRUGS, (San Diego Schools, Curriculum Services Division, May 1967. 14 pages. Available from Neyenesch Printers, Inc., 2750 Kettner Boulevard, San Diego, California, single copy: 10 cents)

STRAIGHT TALK ABOUT THE DRUG PROBLEM, (School Management, February 1968, pp. 52-60, 96-100. Available through school administrators or district/county offices)